
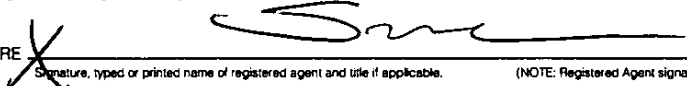
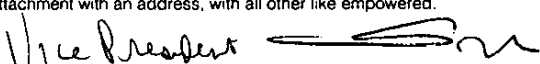


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90105 043 ****61.25

DOCUMENT # N00000000795 1. Entity Name GULF COAST MEDICAL ARTS CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1890 SW HEALTH PKWY NAPLES, FL 34109 US			Mailing Address %COLONIAL SQUARE REALTY P.O. BOX 10608 NAPLES, FL 34101 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03272007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3630326	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLDAVINI, BRIGID D 5455 JAEGER RD. NAPLES, FL 34109				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  4/25/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JENSEN, OLIVIND 1890 SW HEALTH PKWY #105 NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUMPHREY, WENDY 1890 SW HEALTH PKWY., #303 NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gawth, Joseph 1890 SW Health Pkwy # 205 Naples FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGER, MARK 1890 SW HEALTH PKWY #104 NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Moe, Sein 1890 SW Health Pkwy # 102 Naples FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Sein Moe 4/25/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					